

AMENDI	Docket No. H9876.0036/P036			
Serial No.	Filing Date	Examiner	Group Art Unit	
09/374,129	August 9, 1999	Not Yet Assigned	₹ 2787	
	3- Z-3		0	

Applicant(s):

Invention:

Hirohito Kirikoshi et al.

INFORMATION PROCESSING SYSTEM AND PERIPHERAL APPARATUS

TO THE COMMISSIONER FOR PATENTS

Perewith is a Preliminary Amendment in the above-identified application.

Transmitted herewith is a Preliminary Amendment in the above-identified application.

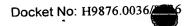
The fee has been calculated and is transmitted as shown below.

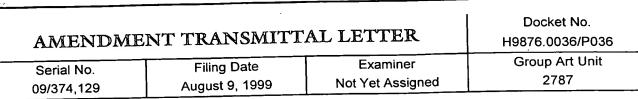
		CLAIMS	AS A	MENDED					
<u> </u>	Claims Remaining After Amendment			# Extra Claims Rate		Rate	Additional Fe		
Total Claims	47	- 20	=	27	x	\$18.00	\$486.00		
Independent Claims	17	- 8	=	9	x \$78.00		702.00		
Viultiple Depen	dent Claims (check	if applicat	ole)						
Other fee (plea	se specify):								
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$1188.00			
_	copy of this sheet is ne amount of	\$1188.00		to cover the f	iling	fee is enclo	osed.		
The Commis	ssioner is hereby aut elow. A duplicate co	horized to c	harge	– e and credit Dep	_				
	ny overpayment. any additional filing (or applicatio	n pro	cessing fees re	quire	ed under 37	C.F.R. 1.16 and		
1.17.	for			[Date	・ d: <u>Septen</u>	nber 6, 2000		
Thomas J. D'A	mico								
Attorney Reg. I									

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Applicant(s): Hirohito Kirikoshi et al.

OIPE Invention:

INFORMATION PROCESSING SYSTEM AND PERIPHERAL APPARATUS

OCT 1 0 200¢

TO THE COMMISSIONER FOR PATENTS

Thansmitted herewith is a Second Preliminary Amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED									
	Claims Remaining After Amendment	Highe: Previous		# Extra Claims Present		Rate	Ad	lditio	nal Fee
Total Claims	47	- 47	=	0	×	\$18.00	ļ		
Independent Claims	17	- 17	=	0	×	\$80.00	<u> </u>	_	- 70 -
Multiple Deper	Multiple Dependent Claims (check if applicable)								
Other fee (plea	Other fee (please specify):								
TOTAL ADDIT	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT								
X Large Entity Small Entity X No additional fee is required.									
☐ Please cha	rge Deposit Account copy of this sheet is	No. 4 - 10 enclosed)73 in t	he amount of					
A check in the amount of to cover the filing fee is enclosed.									
The Comm	nissioner is hereby au below. A duplicate c	ithorized topy of this	o charg sheet	ge and credit De is enclosed.	posit	Account I	No. 4	- 10	73 as
x Credit	any overpayment.								
X Charge	e any additional filing	or applica	ation pr	ocessing fees r	equire	ed under 3	37 C.	F.R.	1.16 an
	for De				Date	d: Octo	ber 1	0, 20	00

Thomas J. D'Amico

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